

**APPLICATION TO REGISTER AS A FOREIGN LICENSED FAMILY TRUST COMPANY**

*Form OFR-162-03*

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**General Instructions**

This form is the application to register as a foreign licensed family trust company, as that term is defined in s. 662.111(15), F.S. All statutes, rules, and forms relating to foreign licensed family trust companies are available at the OFR's website: [www.flofr.com](http://www.flofr.com).

**Authorized Representative.** The application must be completed and affirmed under penalty of perjury by an authorized representative of the proposed foreign licensed family trust company. The authorized representative must be an officer or director, if the proposed foreign licensed family trust company will be organized as a corporation, or a manager, officer, or member, if the proposed foreign licensed family trust company will be organized as a limited liability company. The authorized representative may designate a correspondent or legal representative to correspond with the Office for the purpose of inquiries and requests for information regarding the application. The duty to ensure that all information provided in the application is complete, correct, and true remains with the proposed foreign licensed family trust company's authorized representative.

If additional space is needed to complete the information required by this form, attach additional pages as necessary and identify the question to which the additional pages pertain.

Upon completion, submit the application, along with the nonrefundable \$5,000 registration application fee payable to the Office of Financial Regulation to:

Director, Division of Financial Institutions  
Office of Financial Regulation  
200 East Gaines Street  
Tallahassee, Florida 32399-0371

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| Org: 43843020300<br>Flair Object Code: 001051<br>EO: V1<br>Revenue Source Code: 211 |
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This application will not be deemed to be filed until the applicant has provided the Office with all information required.

# APPLICATION

**1. Name of the Foreign Licensed Family Trust Company**

\_\_\_\_\_

**2. Principal Jurisdiction - Current Street Address and Telephone Number of the Physical Location of the Foreign Licensed Family Trust Company's Principal Place of Business in its Principal Jurisdiction**

Street Address Line 1: \_\_\_\_\_

Street Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

**3. Name, Address, and Telephone Number of the Foreign Licensed Family Trust Company's Supervisory or Regulatory Authority in its Principal Jurisdiction**

Name of Authority: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

Website Address: \_\_\_\_\_

**4. Florida - Current Street Address and Telephone Number of the Physical Location in Florida of the Foreign Licensed Family Trust Company's Principal Place of Operations**

Street Address Line 1: \_\_\_\_\_

Street Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_, Florida Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

**5. Current Street Address and Telephone Number of Any Other Offices in Florida**

| Street Address | City | Postal Code | Telephone Number |
|----------------|------|-------------|------------------|
|                |      |             |                  |
|                |      |             |                  |
|                |      |             |                  |

**6. Registered Agent in Florida**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_, Florida      Postal Code: \_\_\_\_\_

**7. The Foreign Licensed Family Trust Company's Authorized Representative or Correspondent for Purposes of this Application**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, Florida      Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**8. Deposit Account**

State the name and address of the financial institution, which must be a state-chartered or national financial institution that has a principal or branch office in Florida, where the foreign licensed family trust company will maintain a deposit account.

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Florida Office Address:\* \_\_\_\_\_

Florida Office City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

\* If different from the address above.

**9. Certificate of Good Standing and Proof that the Organization of the Foreign Licensed Family Trust Company in its Principal Jurisdiction is Similar to that of a Family Trust Company as Defined in Chapter 662, F.S.**

Provide, as Exhibit A, a certified copy of a certificate of good standing, or an equivalent document, issued by the licensing official or agency in the foreign licensed family trust company's principal jurisdiction, and authenticated by the official having custody of records in the foreign licensed family trust company's principal jurisdiction, along with:

- (a) a copy of the foreign licensed family trust company's articles of incorporation, certificate of incorporation, articles of organization, or other equivalent document, for its operations in its principal jurisdiction;
- (b) a copy of the bylaws or operating agreement or equivalent document for its operations in its principal jurisdiction;
- (c) a description of all types of services the foreign licensed family trust company is authorized by law to provide in its principal jurisdiction and the services it provides;
- (d) a description of the types of persons or entities (for example, one or more families, family members, related interests of family members, company employees, members of the general public, unrelated persons and/or businesses, and/or others) to whom the foreign licensed family trust company is authorized by law to provide services in its principal jurisdiction and an identification of the types of persons or entities to whom the company provides services in its principal jurisdiction; and
- (e) a complete copy of the initial licensing application or equivalent document and information submitted to the licensing official or agency in the foreign licensed family trust company's principal jurisdiction.

**10. Is the foreign licensed family trust company owned by, or a subsidiary of, a corporation, limited liability company, or other business entity that is organized in or licensed by any foreign country as defined in s. 663.01(3), F.S.?**

Yes  No

**11. Applicable State and Local Business Licenses, Charters, and Permits**

List all applicable state and local business licenses, charters, and permits obtained or that will be obtained for the company's operations in Florida.

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## **12. Nonrefundable Application Fee**

- The nonrefundable \$5,000 registration application fee, made payable to the Office of Financial Regulation, is provided with this application for deposit into the Financial Institutions' Regulatory Trust Fund.

**CERTIFICATION**

I, the undersigned authorized representative of \_\_\_\_\_, the foreign licensed family trust company applicant named herein, hereby affirm, under penalty of perjury, that I am authorized to make this application on behalf of the applicant; that the operations of the foreign licensed family trust company will comply with ss. 662.1225, 662.125, 662.127, 662.131, and 662.134, F.S.; that the applicant is currently in compliance with the family trust company laws and regulations of its principal jurisdiction; that I have read the foregoing application and all information submitted herewith; and that the application and all information submitted herewith is true, complete, and correct to the best of my knowledge and belief. I understand that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal by the Office to authorize the foreign licensed family trust company to operate in this state.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_, who  is personally known to me or who  produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public Signature

Notary Seal:

**EXHIBIT A**

**Certificate of Good Standing and Proof that the Organization of  
the Foreign Licensed Family Trust Company in its Principal Jurisdiction is  
Similar to that of a Family Trust Company as Defined in Chapter 662, F.S.**